

PTO/SB/21 (08-00)

**TRANSMITTAL
FORM***(to be used for all correspondence after initial filing)*

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/385,020	
	Filing Date	August 30, 1999	
	First Named Inventor	Shunpei YAMAZAKI	
	Group Art Unit	2674	
	Examiner Name	K. Nguyen	
Total Number of Pages in This Submission		Attorney Docket Number	0756-2023

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures 1. RCE 2. 3. 4. 5. 6.
Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 50-2280 for the above identified docket number.		

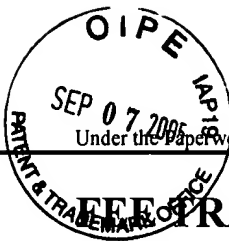
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Eric J. Robinson, Reg. No. 38,285 Robinson Intellectual Property Law Office, P.C. PMB 955 21010 Southbank Street Potomac Falls, VA 20165
Signature	
Date	September 1, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on the date indicated below.			
Type or printed name	Rose Fichtel		
Signature		Date	September 1, 2005

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TRANSMITTAL FOR FY 2005		<i>Complete if Known</i>																																																																																																																																																																																																												
<div style="text-align: center;">Effective 10/01/2004. Patent fees are subject to annual revision.</div> <div><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27.</div> <div>TOTAL AMOUNT OF PAYMENT (\$)790.00</div>		Application Number	09/385,020																																																																																																																																																																																																											
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<div>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="margin-left: 20px;">Deposit Account Number: 50-2280</div> <div style="margin-left: 20px;">Deposit Account Name: Robinson Intellectual Property Law Office</div> <div><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 and credit overpayments</div> <div><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div></div> <div>2. <input checked="" type="checkbox"/> Payment Enclosed: <div style="margin-left: 20px;"><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other</div></div>																																																																																																																																																																																																														
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1. BASIC FILING FEE**SUBTOTAL (1)** (\$)**2. EXTRA CLAIM FEES****SUBTOTAL (2)** (\$)**CERTIFICATE OF MAILING****SUBMITTED BY**

**or number previously paid, if greater; For Reissues, see above